

Date Received
(For Official Use Only)

Please refer to the instructions by filling Colitation before completing this form. The information required below is required by the Section 3110 of the Resource Conservation and Recovery Act.

EPA

Notification of
Regulated Waste
Activity

148

United States Environmental Protection Agency

Installation's EPA ID Number (Mark X in the appropriate box)

 A. First Notification B. Subsequent Notification
(Complete Part C)

C. Installation's EPA ID Number

EX000000A8161

D. Name of installation (Include company and specific site name)

MIDWEST PRODUCTS

E. Location of installation (Physical Address or P.O. Box or Route Number)

Street

2500 N MAIN ST SITE C

City or Town

ROCKFORD

State

ZIP Code

IL 61103-

C. Street (continued)

201 WINNEBAGO

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2500 N MAIN ST

City or Town

Rockford

State

ZIP Code

IL 61103-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

FULLERTON JEFFREY

Job Title

Phone Number (area code and number)

PRESIDENT

815-963-5556

VI. Installation Contact Address (See instructions)

A. Contact Address
Location : Mailing

B. Street or P.O. Box

2500 N MAIN ST

City or Town

State

ZIP Code

Rockford

IL 61103-

VII. Ownership (See instructions)

A. Name of installation's Legal Owner

MIDWEST PRODUCTS

Street, P.O. Box, or Route Number

2500 N MAIN

City or Town

State

ZIP Code

Rockford

IL 61103-

B. Land Type

C. Owner Type

D. Change of Control

Indicate

Indicate

Indicate

Phone Number (area code and number)

815-963-5556

815-963-5556

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VIII. Type of Regulated Waste Activity (Mark X in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)

1. Greater than 1,000 kg/mo (2,200 lbs/mo)
 2. 100 to 1,000 kg/mo (220 to 2,200 lbs/mo)
 3. Less than 100 kg/mo (220 lbs/mo)

2. Transporter (Indicate Mode of Transportation Below)

1. For own waste only
 2. For commercial purposes

Mode of Transportation

1. Air
 2. Rail
 3. Highway
 4. Water
 5. Other - Specify _____

3. Disposal / Waste Treatment / Storage

1. Hazardous Waste Disposal (Indicate if required by state or local law. If yes, indicate if generator or transporter activity, see instructions)

2. Hazardous Waste Fuel

3. Hazardous Waste Marketing to Burner

4. Other Marketing

5. Business - Indicate device(s)

Type of Combustion Device

1. Utility Boiler
 2. Industrial Boiler
 3. Industrial Furnace

6. Underground Injection Control

B. Used Oil/DOA Activities

1. Used Oil/DOA (Indicate if required by state or local law)

1. Generator Marketing to Burner
 2. Other Marketing

3. DOA Burner - Indicate device(s)

4. Type of Combustion Device

1. Utility Boiler
 2. Industrial Boiler
 3. Industrial Furnace

5. Specification Used Oil/Fuel Marketed (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Non-listed Hazardous Wastes: Mark X in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See ELITE Form 20-20-201-201-201-201)

1. Ignitable (D001), Corrosive (D002), Reactive (D003), Toxic (D004), Characteristic Contaminants (D005)

2. Flammable Liquids (F001), Oxidizers (F002), Corrosive Liquids (F003), Corrosive Gases (F004)

(List specific EPA hazardous waste number(s) for the Toxic Characteristic contaminant(s))

<input checked="" type="checkbox"/>	<input type="checkbox"/>												
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B. Listed Hazardous Wastes (See ELITE Form 20-20-201-201-201-201 if you need to list more than 12 waste codes)

<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													
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C. Other Wastes: (Site or other wastes requiring a D number. See instructions)

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<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

X Jeffrey R. Fullerton, Pres. *Jeffrey R. Fullerton Pres.* X 4-20-95

Name and Official Title (type or print)

Date Signed

Comments

<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													
<input type="checkbox"/>													

Multi-lined writing

Please refer to the instructions for filling out this form. The information required here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

SEPA

148

Notification of Regulated Waste Activity

United States Environmental Protection Agency

**Date Received
(For Official Use Only)**

May 11 1995

RECEIVED

I. Installation's EPA ID Number (Mark X in the appropriate box)

 A. First Notification B. Subsequent Notifications
(Complete Item C)**ILR 000 004 861**

II. Name of Installation (Trade name and specific plant)

MIDWEST PRODUCTS

III. Location of Installation (Physical Address or P.O. Box or Route Number)

Street:

2500 N MAIN ST SITE B

Street (continued)

City or Town:

ROCKFORD

State ZIP Code

IL 61103 -

IV. Installation Mailing Address (See instructions)

Street or P.O. Box:

2500 N MAIN ST

City or Town:

ROCKFORD

State ZIP Code

IL -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

FULLERTON**JEFFREY**

Job Title:

Phone Number (area code and number)

PRESIDENT**815-963-5556**

VI. Installation Contact Address (See instructions)

A. Contact Address
Location: Mailing

B. Street or P.O. Box

2500 N MAIN ST

City or Town:

ROCKFORD

State ZIP Code

IL 61103 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

MIDWEST PRODUCTS

B. Street or P.O. Box or Route Number

2500 N MAIN

City or Town:

ROCKFORD

State ZIP Code

IL 61103 -C. Land Type
Phone Number (area code and number)**815-963-5556**

E. Land Type

C. Owner Type

D. Change of Owner

E. Land Type

F. Owner Type

G. Change of Owner

H. Land Type

I. Owner Type

J. Change of Owner

K. Land Type

L. Owner Type

M. Change of Owner

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VII. Type of Regulated Waste Activity (Mark X in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (Specify)	<input type="checkbox"/>	Generator, Street Disposer / In-Vehicle Hazardous waste required by this activity see instructions.
a. Greater than 1,000 kg/mo (2,200 lbs/mo)	<input type="checkbox"/>	Generator, Street Disposer / In-Vehicle Hazardous waste required by this activity see instructions.
b. 100 to 1,000 kg/mo (220 to 2,200 lbs/mo)	<input type="checkbox"/>	Generator, Street Disposer / In-Vehicle Hazardous waste required by this activity see instructions.
c. Less than 100 kg/mo (220 lbs/mo)	<input checked="" type="checkbox"/>	Generator, Street Disposer / In-Vehicle Hazardous waste required by this activity see instructions.
2. Transporter (Indicate Mode of transport)	<input type="checkbox"/>	Generator, Street Disposer / In-Vehicle Hazardous waste required by this activity see instructions.
a. For own waste only	<input type="checkbox"/>	Generator, Street Disposer / In-Vehicle Hazardous waste required by this activity see instructions.
b. For commercial purposes	<input type="checkbox"/>	Generator, Street Disposer / In-Vehicle Hazardous waste required by this activity see instructions.
Mode of Transportation		
1. Air	<input type="checkbox"/>	Type of Combustion Device
2. Rail	<input type="checkbox"/>	1. Utility Boiler
3. Highway	<input checked="" type="checkbox"/>	2. Industrial Boiler
4. Water	<input type="checkbox"/>	3. Industrial Furnace
5. Other - specify	<input type="checkbox"/>	5. Underground Injection Control

B. Used Oil/Haz. Activities

1. Specification Used Oil Fuel	<input type="checkbox"/>
2. Generator Marketing to Burner	<input type="checkbox"/>
3. Other Workers	<input type="checkbox"/>
4. On-site Worker	<input type="checkbox"/>
5. Off-site Worker	<input type="checkbox"/>
6. Burner - indicate device(s)	<input type="checkbox"/>
7. Type of Combustion Device	<input type="checkbox"/>
8. Utility Boiler	<input type="checkbox"/>
9. Industrial Boiler	<input type="checkbox"/>
10. Industrial Furnace	<input type="checkbox"/>
11. Specification Used Oil Fuel Marketed (or On-site Burner) Who First Claims the Oil Meets the Specification	<input type="checkbox"/>

DE. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes: Mark X in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See instructions for definitions)

1. Corrosive (D001) 2. Irritating (D002) 3. Toxic (D003) 4. Flammable (D004) 5. Explosive (D005)

(List specific EPA hazardous waste number(s) for the Toxicity
Characteristic contaminant(s))

D001

B. Listed Hazardous Wastes (See 40 CFR 261.10-33. See instructions if you need to list more than 12 waste codes)

1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

C. Other Wastes: (State or other wastes handled in D001-D005. See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											

E. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

X Jeffrey R. Fullerton, Esq. Jeffrey R. Fullerton, Esq.

Name and Official Title (Type or Print)

Date Signed

X 4-20-95

F. Comments

1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3687
CHICAGO, ILLINOIS 60680

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kidlon

Sharon J. Kidlon
RCRA Notifications Coordinator
Waste Management Division

